

EXHIBIT B

Department of the Treasury — Internal Revenue Service																																																													
Form 1040	U.S. Individual Income Tax Return 2000																																																												
For the year Jan 1-Dec 31, 2000, or other tax year beginning _____, 2000, ending _____, 20																																																													
Label (See instructions.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See instructions.)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Your First Name Robert</td> <td style="width: 10%;">MI B</td> <td style="width: 40%;">Last Name Coplan</td> <td style="width: 10%;">Your Social Security Number REDACTED</td> </tr> <tr> <td colspan="3">If a Joint Return, Spouse's First Name REDACTED</td> <td>Spouse's Social Security Number REDACTED</td> </tr> <tr> <td colspan="4">Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No. 3011 Windy Knoll Court</td> </tr> <tr> <td colspan="2">City, Town or Post Office. If You Have a Foreign Address, See Instructions. Rockville</td> <td>State MD</td> <td>ZIP Code 20850</td> </tr> </table> <p>▲ Important! ▲ You must enter your social security number(s) above.</p>	Your First Name Robert	MI B	Last Name Coplan	Your Social Security Number REDACTED	If a Joint Return, Spouse's First Name REDACTED			Spouse's Social Security Number REDACTED	Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No. 3011 Windy Knoll Court				City, Town or Post Office. If You Have a Foreign Address, See Instructions. Rockville		State MD	ZIP Code 20850																																												
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<p>▶ Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ...</p> <p style="text-align: right;"> You: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>																																																													
Filing Status Check only one box.	<p>1 <input type="checkbox"/> Single</p> <p>2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income)</p> <p>3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ...</p> <p>4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ...</p> <p>5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ...). (See instructions.)</p>																																																												
Exemptions If more than six dependents, see instructions.	<p>6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a</p> <p>6b <input checked="" type="checkbox"/> Spouse</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">(1) First name</th> <th style="width: 10%;">Last name</th> <th style="width: 15%;">(2) Dependent's social security number</th> <th style="width: 15%;">(3) Dependent's relationship to you</th> <th style="width: 10%;">(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)</th> <th style="width: 10%;">No. of boxes checked on 6a and 6b</th> </tr> <tr> <td>REDACTED</td> <td></td> <td></td> <td>Daughter</td> <td><input checked="" type="checkbox"/></td> <td>1</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">d Total number of exemptions claimed</td> <td>3</td> </tr> </table>	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	No. of boxes checked on 6a and 6b	REDACTED			Daughter	<input checked="" type="checkbox"/>	1																									d Total number of exemptions claimed					3																		
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Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td style="width: 5%;">7</td> <td style="width: 35%;"></td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td>8a</td> <td>18,869.</td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a</td> <td>8b</td> <td>195.</td> </tr> <tr> <td>9 Ordinary dividends. Attach Schedule B if required</td> <td>9</td> <td>6,251.</td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)</td> <td>10</td> <td>9,245.</td> </tr> <tr> <td>11 Alimony received</td> <td>11</td> <td></td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td>12</td> <td></td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ...</td> <td>13</td> <td>66,671.</td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td>14</td> <td>21,716.</td> </tr> <tr> <td>15a Total IRA distributions</td> <td>15a</td> <td></td> </tr> <tr> <td>b Taxable amount (see instrs)</td> <td>15b</td> <td></td> </tr> <tr> <td>16a Total pensions & annuities</td> <td>16a</td> <td></td> </tr> <tr> <td>b Taxable amount (see instrs)</td> <td>16b</td> <td></td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td>17</td> <td>266,000.</td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td>18</td> <td></td> </tr> <tr> <td>19 Unemployment compensation</td> <td>19</td> <td></td> </tr> <tr> <td>20a Social security benefits</td> <td>20a</td> <td></td> </tr> <tr> <td>b Taxable amount (see instrs)</td> <td>20b</td> <td></td> </tr> <tr> <td>21 Other income. List type & amount (see instrs)</td> <td>21</td> <td></td> </tr> <tr> <td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income</td> <td>22</td> <td>388,752.</td> </tr> </table>	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7		8a Taxable interest. Attach Schedule B if required	8a	18,869.	b Tax-exempt interest. Do not include on line 8a	8b	195.	9 Ordinary dividends. Attach Schedule B if required	9	6,251.	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	9,245.	11 Alimony received	11		12 Business income or (loss). Attach Schedule C or C-EZ	12		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ...	13	66,671.	14 Other gains or (losses). Attach Form 4797	14	21,716.	15a Total IRA distributions	15a		b Taxable amount (see instrs)	15b		16a Total pensions & annuities	16a		b Taxable amount (see instrs)	16b		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	266,000.	18 Farm income or (loss). Attach Schedule F	18		19 Unemployment compensation	19		20a Social security benefits	20a		b Taxable amount (see instrs)	20b		21 Other income. List type & amount (see instrs)	21		22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	388,752.
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BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2000)

REDACTED

Form 1040 (2000) Robert B & Coplan

Page 2

Tax and Credits**Standard Deduction for Most People**Single:
\$4,400Head of household:
\$6,450Married filing jointly or Qualifying widow(er):
\$7,350Married filing separately:
\$3,675

34	Amount from line 33 (adjusted gross income)	34	345,541.
35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
35b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here	35b	
36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	57,019.
37	Subtract line 36 from line 34	37	288,522.
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet in the instructions for the amount to enter	38	0.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	288,522.
40	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	76,249.
41	Alternative minimum tax. Attach Form 6251	41	0.
42	Add lines 40 and 41	42	76,249.
43	Foreign tax credit. Attach Form 1116 if required	43	2,653.
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Child tax credit (see instructions)	47	
48	Adoption credit. Attach Form 8839	48	
49	Other. Check if from a <input checked="" type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49	687.
50	Add lines 43 through 49. These are your total credits	50	3,340.
51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51	72,909.
52	Self-employment tax. Attach Schedule SE	52	16,657.
53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	53	
54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	54	
55	Advance earned income credit payments from Form(s) W-2	55	
56	Household employment taxes. Attach Schedule H	56	
57	Add lines 51-56. This is your total tax	57	89,566.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

58	Federal income tax withheld from Forms W-2 and 1099	58	
59	2000 estimated tax payments and amount applied from 1999 return	59	88,587.
60a	Earned income credit (EIC)	60a	
b	Nontaxable earned income: amount and type		
61	Excess social security and RRTA tax withheld (see instrs)	61	
62	Additional child tax credit. Attach Form 8812	62	
63	Amount paid with request for extension to file (see instructions)	63	
64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	64	
65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	65	88,587.

Refund

Have it directly deposited! See instructions and fill in 67b, 67c, and 67d.

66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	66	
67a	Amount of line 66 you want refunded to you	67a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
68	Amount of line 66 you want applied to your 2001 estimated tax	68	

Amount You Owe

69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see instructions	69	979.
70	Estimated tax penalty. Also include on line 69	70	

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	Daytime Phone Number
Robert B. Coplan	4/12/01	Attorney	202-327-8707
Spouse's Signature. If a Joint Return, Both Must Sign.	Date	Spouse's Occupation	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	4/12/01		

REDACTED**Paid Preparer's Use Only**

Preparer's Signature	Date	Check if self-employed	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed), Address, and ZIP Code	EIN	Phone No.	